VS. A15ME 5M 7/S9

	MARYLAND	STATE DEP	ARTMENT OF	HEALTH	
Division ALSTATISTICAL	RESEARCH AN	D RECORDS, 3	01 W. PRESTON !	STREET, BALTIMORE	1 MARYLAND
Division of STATISTICAL 02333 MEI	DICAL EXA	MINER'S C	CERTIFICATE	OF DEATH	02315

1. PLACE OF DEATH			CTATE	NCE (Where dacaasad liva	CUNTY	
	Mary's foutside corporata limits.	MARYLAND c. LENGTH OF STAY IN 16		yland		Mary's
write RURAL and	give nearast town)		V _	(If outside corporata limits,		give naarast town;
	Clements AL OR INSTITUTION (if not in	Life	d. STREET ADDRES	ral Cleme	nts	e. IS RESIDENCE
d. NAME OF HOSFII	AL OK INSTITUTION (IT NOT IN	nospiiai, give siraei address)	d. SIREET ADDRES	3		ON A FARM?
NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Yaar
(Typa or print)	William	H. A:	rmstrong	DEATH Fe	b. 1,	19 62
. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED X 8	. DATE OF BIRTH		years IF UNDER I Y	
Male		OWED DIVORCED	June July 7, 1	l lest birtho	rs. Magths Da	ys Hours Min.
Da. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BINTHPUACE (Sta	ta or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
Jone during most of Wo	rking life, even it refired)			Maryland	U.	S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
	Robert Armstro	ng	Me	rgie Wester	box Herb	ert
5. WAS DECEASED EVI	R IN U.S. ARMED FORCES?		NFORMANT	45	dress	
Yas, no, or unkown) (II	yas giva war or datas of sarvice)	none Man	gie Armstro	ong Clemen	ts, Maryl	and
18. CAUSE OF D	EATH [Entar only one cause	per line for (a), (b), and (c).]				INTERVAL BETWEEN
	H WAS CAUSED 8Y:	Ineumor				ONSET AND DEATH
-77	DUE TO					1
Conditions, if any	-	Maln	utration			Dinco brist
gava rise to immadi	ate causa	///				
(a), stating the u	ndarlying DUE TO					
causa last.	(c)	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	AINIAI DISEASE CONDITION	I CIVENI IN DARK N	-11 10 WAS AUTORSY
PARI II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBOTING TO DEATH BOT INC	TREEATED TO THE TERM	WHAL DISLASE CONDITION	OIVEN IN PART I	PERFORMED?
5						YES NO
PART II. OTHER 20a. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH.		SCRIBE HOW INJURY OCCURED. (inter nature of injury in F	'art I or Part II of item 18.)		
20c. TIME OF INJU Hour a.m.	V		CE OF INJURY (Homa, fa ory, street, office bldg., a		(Count	y) (State)
21. I certify th	at I took charge of the	remains described above, he	ld an Autopsy .	Inspection 7. Ir	quiry 7	and in my opinion
death resulted f	rom: Natural causes	Accident , Suic	ide , Homicid	e, Undetermine	ed manner	
1	71	5-10	CHIEF MEDICA	L EXAMINER		
ACTUAL	M/mx1	1/34x	M D. ASSISTANT M	EDICAL EXAMINER		DATE SIGNED
SIGNATURE	1000	1	M.D.	CAL EXAMINER	- 1	1-119
EXAMINER'S NAME (Typa)	William D. Be	oyd M.D.		t, city, town, or county)	1	10 100-
	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City,	town, or country)	(Stata)
REMOVAL (Spacify)	2/3/62	St. Joseph Co	emeterv	Morganza,	Ms	ryland
3. FUNERAL DIRECTO		ADDRESS		EC'D 8Y REGISTRAR 24b.		
W. Clarks	Maddinalan		land DATE	FED 7 '62	Chillian &	trans
" ATOTYO	war clusted Te	conardtown, Mary	land I DATE			

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Article Commission The least of the last of the l 1 00 average from the first of the So ne de l'est le governe de l'est l'e 1001 .a. 3. The True of Berr Depart. showlests distall bunkter . Chapelo Intitional aleral - and I .C.M Stot. Companie Coming walls to present to agency and selection and an arms. in . Olorio Mississino, modernico, modernico de la la contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del la contrata del la contrata de la contrata del la contrata del la contrata de la contrata de la contrata del la

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02316

	CNOOX	CERTIFICA	IL OI DEATI	•		UNC	TO	
1. PLACE OF DEATH	2.6		2. USUAL RESIDENCE (V		lived. If institution b. COUNTY			on)
St	. Marys	MARYLAND	Mary.	Land		St. Ma	rys	/
RURAL ond give	I (If outside corporate limits, write neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		ote limits, write RL	JRAL ond give ne	arest town)	
	PITAL (If not in hospital, give stree	at oddress)	d. STREET ADDRESS	50			e. IS RESI	DENCE
OR INSTITUTION	St. Marys Hos		Rura	1			ON A	FARM?
B. NAME OF	First	Middle	Last	4. DATE	Mont	h De	ду Ү	ear
DECEASED (Type or print)	Herbert	Perry	Barnes	OF	Februar		-/	9 62
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9	9. AGE (In years last birthday)	IF UNDER 1 YEAR	1	
male	WILLOC	WED DIVORCED	March 23,	1884	77 yrs.	Months Days	Hours	Min.
	TION (Give kind of work done 10th orking life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign co	untry)	12. CITIZEN O		DUNTRY
Carpe	enter	Building	Maryl	and		US	SA	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
A	ugusta Barne	8	Transfer of the second	Juli	la Dean			
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16		NFORMANT		Addr	ess		4.1
(Yes, no, or unknown)	(If yes, give wor or dates of service)	Man	s.Berhice	Tolton	= Rida	e. Md.		
NO CAUSE OF D	DEATH [Enter only one cause per		S.Bernice	THILLOU	- Wins		ERVAL BET	(WEEN)
	DEATH WAS CAUSED BY:	line for (o), (b), and (c)	11 0	E //		ON	SET AMO	DEATH
1	IMMEDIATE CAUSE (a)	orgeflere	JERN 1	auce	us		00	Ze eg
	DUE TO	01	1		1		// -	/
Conditions, if		Dhoomal	ropinen	mon	na .	0	an	4
gove rise to couse (o), stotin							1 1.	4 /
lying couse las		mfen	enza			0	Cery	A
Z PART II. C	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTION TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. W/S A	UTOPSY
PART II. C		1	ICMI				PERFOI YES	NO 🗍
200 ACCIDENT	WAS UNDERLYING [20b. DE	ESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury i	n Port Lor Port	II of item 18.)			
	NG CAUSE OF DEATH	TOWN TOWN OCCURRE	.b. (Ellier Hotoro of Infor)					
			1.55 0.5 0.111100 (4)	Lear (C)		10		101
20c. TIME OF INJ	n. Whil	-3	ACE OF INJURY (Home, fa ictory, street, office bldg., c		or town)	(County))	(State
p. n		ork ot work			1			100
21. 1 certify, t	hat (I) (this hospital) ptter	nded the deceased fram	Tuna	% 1 . to	2/19	19 62	hat (1) (4	عمالمه
saw the dece			death accurred at5_	12	the coules do			
220. SIGNATURE		Land Transaction	gean accorded algo,	Telvi, ii dili	ire cooses an	d dir file dar		DATE
6	* DI la	1176	M.D. PHYS.	MED.	STAFF PHYS.	2	170/6	SIGNE
22c. PHYSIC AN'		W. C	M.D. PHYS. 22d. ADDRESS	DIRECTOR .	FR13	6/	10/	16
NAME (Type	. / /	rboe, MD		t Mill	s. Md.			
23a. BURIAL, CREMAT	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCAT	ION (City, town, o	or county)	(Stote)
Burial	2/12/62	St. Michae	els Cem.		Ridge.	Marylar	nd	
24. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS		C'D BY REGISTE		TRAR'S SIGNATE		
P.B. R	obinson - Leon	andtown Md.	DATE OF	m 1 3 162	Cath	7 S. Thous	6	

TO HOSPITAL OR ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatived to the property of the physician and completely filled in by the fine distance to FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the first distance. may be retained the charge and a strending physician.

2 FUNERAL DIRECTA After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages L and 2 shat the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after geath. VR A15 (4) 15M 9/59

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			e - markan

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 at the retained by the hospital or attending physician.

TO FUNERAL D. CCTOR: After this certificate has been signed by the attending physician and completely filled if the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages: Rid 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

15M 7 61

1. PLACE OF DEA	TH				ENCE (Where decee	ed lived, If institution	n: Residence before edmission)
u. coom	St. Mary's		MARYLAND	a. STATE	reland	b. COUNTY	Manuel -
b. CITY OR TOWN	N (if outside corporate limits	c. Li	ENGTH OF STAY IN 16		yland 'N (If outside corporete		end give neerest town)
E Leonar	and give nearest town)		DOA	X RFD 1	Machania	and lla	
	SPITAL OR INSTITUTION (IF	not in hospitel, o		d. STREET ADDRE		sville,	e. IS RESIDENCE
St.	Mary's Hospi						ON A FARM? YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	Dey Yeer
(Type or print)	Eli		G.	Brubacher	DEATH	February	17 19 60
S. SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years IF UNDE	
Male		WIDOWED	DIVORCED	March 21.1	1.	Months	Deys Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	1Db. KIND O	BUSINESS OR INDUST	RY 11. BIRTHPLACE (C		ign country) 12.	CITIZEN OF WHAT COUNTRY?
00	working life, even if retired						
13. FATHER'S NAME				Michi			J.S.A.
				I. MOTHER 3 MAID			
15 1116 5	Henry Bruba				Katie Ge		
	EVER IN U.S. ARMED FORC		AL SECURITY NO. 17.	INFORMANT		Address	
no			2-0188 Mr	s Priscilla	W. Brubac	her Same	as # 2
18. CAUSE OF	F DEATH [Enter only one o	ause per line for	(e), (b), end (c).]	- 0	,		INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED 8Y:	0	m	170	tocis		ONSET AND DEATH
Lha	IMMEDIATE CAUSE (a)_	00.	X	Jours	- OFFE		_ 20min -
12	DUE TO						
Conditions, if e							
gave rise to Imm (e), stating the							
cause lest.	(c)						
Z PART II. OT	1-1-	ONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY
OIL							PERFORMED?
D ACCIDENT	WAS UNDERLYING	ant December	HOW INVIEW OCCUR	D (5-1	1- D- 11 - D- 11 - C	101	YES NO
OR CONTRIBUTION	NG CAUSE OF DEATH	ZDD. DESCRIBE	HOW INJURY OCCURE	D. (Enter neture of injury	In remi or remilion	rem IS.)	
20c. TIME OF IN				ACE OF INJURY (Home,		lown) (C	ounty) (Stete)
Hour e.n			lot While take	ctory, street, office bldg.,	eic.)		
- P.III					10	-117	
21. I certify	that (I) (this hospita	l) attended t	he deceased from		3.2 10		9.6. athat (1) (ast
			19, and the	t death occured at	M, from th	e causes and or	the date stated above.
22e. SIGNATUR	E , () -			ATTENDING	MED.	STAFF	22b. DATE SIGNED
	W. Val	100		M.D. PHYS.		PHYS.	Feb- 18,196
22c. PHYSICIAN				22d. ADDRESS			
NAME (Ty	Pe) William H	. Patric	k M. D.	Lexi	ngton Park	, Maryland	
	ATION, 236. DATE THERE	OF 23c.	NAME OF CEMETERY			N (City, town or cou	
Burial (Speci			Armish Cem	tawn		ville.	
24 FUNERAL DIRECT		-	ADDRESS		REC'D BY REGISTRAL		Maryland
					- 100		4.
W. Clarke	Mattingley	Leonard	town, Mary	land DATE	EB 23 '62	arthur S.	Tisalla

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FOR STATE HEALTH DEPT.

r. Page files. TO DEPUTY MENTAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the chifficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Byderd or its designated agent, prior to burial, cremation, or removal, and in any promy within 72 hours after death. 2

VS. A15ME 5M 7/59

	MAKTI	AND STATE	DEPAKIMENI O	L LEWI	п	
Division of STATIS	TICAL RESEARC	H AND RECORD	S, 301 W. PRESTON	STREET,	BALTIMORE 1,	MARYLAND
115336	MEDICAL	EV A MINED	S, 301 W. PRESTON	E OE D	EATH	02319
07.000	MEDICAL	EXAMINER	PERTIFICATI	E OF D	EAIR	ONOTO

1. PLACE OF DEAT	H 1.TEM	4 F11M 0300 3/0	2. USUAL RESIDE	NCE (Where decessed lived,	If institution: Residence before edmission
	t. Mary's	MARYLAND	e. STATE	vland b. co	
	(if outside corporete limits,	c. LENGTH OF STAY IN 16			St. Mary's
	d give nearest town)	15	V		
		15 years in hospital, give street eddress)	Rural	Loveville	e, IS RESIDENC
di Name of Modi		III nospital, give sited eduless;	1 STREET ADDRESS		ON A FARM
NAME OF	First	Middle	Last	4. DATE Moi	
(Type or print)	John	F. B	rubacher	DEATH Felow	2h. 1962
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED X 8.	DATE OF BIRTH	19. AGE (In yea	S I UNDER 1 YEAR IF UNDER 24 HRS
Male	White wi	DOWED DIVORCED T	Jan. 5, 1941	lest birthdey 21 yrs.	
De. USUAL OCCUPA	TION (Give kind of work	Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTR
tone during most of w	orking life, even if retired)			Penna	11 6 1
3. FATHER'S NAME	6		14. MOTHER'S MAIDEN		U.S.A.
	Enoch H. Brubs	- 1	THE THE STATE OF T		
				Catherine	
	VEK IN U.S. ARMED FORCES? (If yes give wer or detes of service		NFORMANT	Addre	988
		Fs	ther sam	e as # 2 above	
18. CAUSE OF	DEATH [Enler only one cause	e per line for (e), (b), end (c).j		2 1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Che Bu	in sun	0-100 T	ONSE! AND DEATH
83	O X DUE TO	Track Tracks		de	- Christian Carl
Conditions if an		9		V	
Conditions, if en	diete ceuse				
(e), steting the	underlying DUE TO				
cause lest.	J (c)				
PART II. OTHI	R SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(e) 19. WAS AUTOPS
3					YES NO
PART II. OTHI	ONITRIBUTING CT	DESCRIBE HOW INJURY OCCURED. (E			1
		iar fell off of	rock whi	lodecrosed	was uncleased bla
20c. TIME OF INJ		20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fer	rm, 2Df. (City or town)	(County) (State)
Hour am.	471 741 7 91		ory, street, office bldg., et	Leve will	At Mar 12
		e remains described above, hel			iry In and in my opinion
death resulted	from: Natural causes	Accident E. Suici			manner [
	A.A	11/1	CHIEF MEDICAL	EXAMINER [
ACTUAL SIGNATURE	Morx	D/300 HD	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
EXAMINER'S		9	DEPUTY MEDICA	AL EXAMINER	
NAME (Type)	William D. B			city, town, or county)	
20. BURIAL, CREMATI	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, tow	vn, or country) (State)
Burial	2/28/62	Amish Cemetery		Loveville.	Maryland
23. FUNERAL DIRECTO		ADDRESS		C'D BY REGISTRAR 246. RE	
W.Clarke M.	nttimalo I-			(AD 2 162 C	Inthur S. Kraus
.Clarke M	attingley Lec	nardtown, Marylan	d DATE N	AR 2'62	I NOVEM D. I VIME

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VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02320

PLACE OF DEA COUNTY	TH		2. USUAL RESIDE	ENCE (Where de-	ceased lived, If i		ce before edmissio
St	. Mary's	MARYLAND	9.4	ryland	b. coon		Marv's
b. CITY OR TOWN	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16		N (If outside corpo	orate limits, write	The second secon	
Valley Le	e Rural	Life	X Rural	Valle	y Lee		
d. NAME OF HOS	SPITAL OR INSTITUTION (if not in	n hospitel, give street eddress)	d. STREET ADDRE	SS			ON A FARM
. NAME OF	First	Middle	Last	4. DATE	Month	Dey	Yeer
(Type or print)	Camala	Mariana	0	OF DEATH	m - 1 -		10 (0
S. SEX	Sarah	Magdalene	Coates . DATE OF BIRTH	10		UATY O	19 62 IF UNDER 24 HR
· JEA	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	. DAIL OF BIRTH		last birthday)	Months Days	Hours Min.
Female	White WIDE	OWED DIVORCED	August 19.	1901	O yrs.		
	ATION (Give kind of work	b. KIND OF BUSINESS OR INDUSTR			foreign country)	12. CITIZEN O	F WHAT COUNT
	working life, even if retired)	Toma a lad as a		Man	h [11 0	4
3. FATHER'S NAME	uling	Trucking	14. MOTHER'S MAID		ryland	U.S.	A.
			A. MOTHER O MAID	, 17 17112			
	George R. Watt:		Rose	tte Green	nwell		
	EVER IN U.S. ARMED FORCES?		NFORMANT		Address		
Yes, no, or unkown)	(If yes give war or detes of service)	200 70 774				11	3 1
		220-32-5744 Mrs	James Bear	n	valieh r	ee, Mary	Tand
18. CAUSE OF	DEATH [Enter only one cause	per live for (a), (b) and (c).]	1	1///	4		ERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY	10. This. UN	- Wilm	JUAL	· m	10	ISET AND DEATH
1	IMMEDIATE CAUSE (a)	Venvicula	TIMON	yeunge	MIT		mes
141	A		4/1//		A	1	1
1 1	DUE TO	MITTA	4/18	make.	111.	1	men
Conditions, if e	ny, which) (b)	1 your	and.	1140	cus	no	
geve rise to imme	ediete ceuse	2 11 1	2110				
(e), steting the	underlying DUE TO		(11/1)			1	MA
cause lest.) (c)	74 / 5	CV			7	1
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	. WAS AUTOPS
	0	1 11 U A	an			V	PERFORMED?
20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOT)	1 Epin	c ucc	2)				YES NO
20a. ACCIDENT		DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury	in Pert I or Pert II	of item 1B.)		
UF EITHER NOT	NG [] CAUSE OF DEATH						
						700	
20c. TIME OF IN			CE OF INJURY (Home, ory, street, office bldg.,		or fown)	(County)	(Steta)
Hour e.m		While Not While 1ec	ory, arrest, office brag.,	1			
-	17	0 01	41 4 .		1	1 10	
21. I certify	that (I) (this hospital) a	ttended the deceased from.	May	19,01 10.	21	13, 1900 AN	hat (I) () I
	anded alive on		death occurred at	52 M from	the causes		ate stated abo
	11 10	alld Illal	dealli occurso al	G	1110 0000000	2 011 1110 01	
22e. SIGNATUR	1 . 41 11	11 1	ATTENDING	MED.	STAFF		22b. DAY
	ames IP	VIIN/7 N	D PHYS	DIRECTOR	PHYS.		2/2//
22c. PHYSICIAN	I'S	4000	22d. ADDRESS				1110
NAME (Ty	J. Patrick	Varboe M.D.		reat Mil	ls, Mary	rland	1/
3a. BURIAL CREMA	ATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	ATION (City, toy	n or county)	(Stete)
REMOVAL (Speci							
Burial	2/ 9/ 02/	St. George		Valle	ey Lee,		Maryland
4 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS		REC'D BY REGIST	RAR 256. REC		
I. Glanica	Mattingles Is		and DATE	FEB 1 3 '62	2 0	thur S. Krai	MA.
". OTSIKE	warringten re	onardtown, Maryle	and				

Sorth Line Sorth Valley Loc Sorth Line alone Sorth Valley Loc Sorth Line alone Sorth Solth Sorth Line alone Local Local Solth Solth Line Local Local Local Local Coorte L. With Local	:75×250		ndominous spanius LD:4078/812	1912 - Calmin - Page 1912 - Pa
Surth Maria Decree Continuation of the sure of the sur		unelyzel		
English True ting Maryland U.S English A. Maryland U.S Esorge A. Maryland Green will Esorge A. Maryland Green will Esorge A. Maryland Green William Lea, Maryland C. Fritish Green W.D. Green William Arthur		Start Valley Lee	:114	Laxin out you ful
English True ting Maryland U.S English A. Maryland U.S Esorge A. Maryland Green will Esorge A. Maryland Green will Esorge A. Maryland Green William Lea, Maryland C. Fritish Green W.D. Green William Arthur				
Hewling Carte Truck Curson N.S		remida and acc	000160304	drait.
Caprio A. Matha Caprio State Ca		17 Ha 66 19191 1911 Taurum		Parais shifts
AND THE SECOND S	ð	Analytek	jninkorski	Sations
V. Frenche enrole M.D. Greek will at Arguna		fie manual attents		bed A saroed
. Pressor was a first a source of the same	North Towns	Later flet me	Jent Treats	
V. Principle Caroos N.D				
v. Principle Curbon M.D		10. 12. 11. A.S. 7	69 197	
The second of th	3/0/2		21112	The property
Dank VIANO		entytas , file 4.0010	.U.M rocans	No Profession
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA 12338 CERTIFICATE OF DEATH

1. PLACE OF DEA	TH							ce before admission)
	. Mary's	MARYLANI	a. STATE	1.0	rland	b. COUNTY	St. Mar	art a
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN			outsida corporata lir	nits, writa R		
	nd give nearest town)	5 hms	X,	D 7	*	3.4		
Leonar		ot in hospital, give street address)		Rura 1	Leonar	itown.		e. IS RESIDENCE
o. NAME OF NO			0. 3182	ADDRESS				ON A FARM?
3. NAME OF	St. Mary's Ho	Middle	Last		4. DATE	Month	Day	Yeer
DECEASED	11721	Middle			OF	271011111	-	10
(Type or print)	Benedict	Drury	Duke		DEATH F	ebrual	ry 1,	19 62
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIR	TH	9. AGE		Aonths Deys	Hours Min.
Male	White w	VIDOWED DIVORCED	Sept. 3	. 1918	43	yrs.	Nonins Days	7110013
	ATION (Give kind of work	106. KIND OF BUSINESS OR INDU		ACE (County	& State, or foreign	country)	12. CITIZEN C	F WHAT COUNTRY
95 6 6	working life, even if refired) Realtor				Monar	land	11 0	S. A.
13. FATHER'S NAME	1001001	1	14. MOTHER	'S MAIDEN N	Mary.	Lanu	Uak	Pa Ma
	Day January	n. Darlan						
	Roland Benjami		7. INFORMANT	llian I	rury	Address		
	(If yes give war or detes of servi	ice) -						
No			Virginia .	B. Duke	9 TG0	nardt	own, Mai	
		use per line for (e), (b), and (c).]	1					TERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:IMMEDIATE CAUSE (a)	Taran	i dum	er				2 440/
123	7 DUE TO							
Conditions, if e								
geve rise to imme	ediate ceuse						-	
(a), stating the	underlying DUE TO							
causa last.) (c)							
PART II. OTH	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO	THE TERMINA	AL DISEASE CONDI	ION GIVEN	N IN PART 1(a)	PERFORMED?
PART II. OTH								YES NO
E 20a. ACCIDENT		Ob. DESCRIBE HOW INJURY OCCU	JRED. (Enter nature	of injury in Pe	ert I or Pert II of item	1B.)		
OR CONTRIBUTION	G CAUSE OF DEATH FY MEDICAL EXAMINER)							
ZOC. TIME OF IN	IJURY Month, Dey, Yeer	20d. INJURY OCCURRED 20e.	PLACE OF INJURY	(Home, farm,	' 20f. (City or tow	(n)	(County)	(State)
20c. TIME OF IN		While Not While	fectory, street, office					
Σ p.π	19	et work at work			14	77	-	
21. I certify	that (I) (this hospital)) attended the deceased fro	om Lune	a, 1 ^t	95.4 10. J.	26-1	, 19.62,	that (I) (we) las
saw the dece	eased alive on	bot 1962 /and 1	that death occu	ured at	M, from the	causes a	nd on the d	ate stated above
22e. SIGNATUR	E ///	0	0					22b. DATE
	(Like see	Tillan	M.D. PHYS.		ED. STA			SIGNE
22c. PHYSICIAN	15 11 009	20091000	22d. AD	DRESS				
NAME (Ty		lyther M.D.	Me	chanic	sville, l	iarvle	and	
23a BURIAL CREMA	ATION, 236. DATE THEREO	OF 23c, NAME OF CEMETE			23d. LOCATION			(State)
REMOVAL (Speci	fy)							
Burial	2/5/62	Our Lady	s Unapel	25- BEST	Medley	3 Neck	Mary Mary	land
24 FUNERAL DIRECT		ADDRESS		25e, REC'I	D BY REGISTRAR			
W. Clarke	Mattinglev	Leonardtown, Man	ryland	DATE	HEV E VE	u	Ahun 2. 14	Linklas

VR A15 (4) 15M 7/61

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218-12-0056 Virginia B. Buise Boonsedtonn. Maryland

5305 ST

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burial 2/5/62 Cur Lady's Ologel

FOR STATE HEALTH DEP

He Ath, Page TO DEPUTY MEXACAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne please execute the Milicate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02329 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02322

1-			Ttom.	3 Film G307	2/10/6	2 jul				
1.	PLACE OF DEAT	Н	2	17			È (Whera de			ca before edmission
1		St. Mary's	OC	MARYLANI	a. STATI	Maryl	and	b. COUN	St. Ma	mart o
-		if outside corporete lim	its.	c. LENGTH OF STAY IN 1				rate limits, write	RURAL and give	
	write RURAL and	give neerest town)		ATT THE MAN AND A SECOND						
_		reat Mills,		20 years		ıral	Gre	at Mill	S	
	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in ho	spital, give street eddress)	d. STREE	T ADDRESS				ON A FARM?
3.	NAME OF	First		Middle	, Lasi		4. DATE	Month	Dey	Yeer
	(Type or print)		gnes			Edison	OF DEATH	Februa		19 62
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BI	RTH	9.	AGE (In yeers lest birthday)	IF UNDER 1 YEAR	tenders record to the second second
F	emale	Colored	WIDOWI	DIVORCED	Nov 25	1903		58 ? yrs.	Months Days	Hours Min.
10	. USUAL OCCUPAT	ION (Give kind of work	k 10b. K	IND OF BUSINESS OR INDU		LACE (State of	foreign cou	ntry)	12. CITIZEN C	F WHAT COUNTRY
	House W	orking lifa, even if ratire ife	od)	Home			Maryla	nd		U. S. A.
13.	FATHER'S NAME				14. MOTHER	S'S MAIDEN N	AME			
		? ?			1	?				
15.	WAS DECEASED EV	ER IN U.S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 17	. INFORMAN	Edico	10	Address		
(Y	es, no, or unkown)	fyesgiva war or detes of:	ervice)					1 300		
-					George E	glaton	G	reat Mi	lls, Mar	
			cause per	line for (a), (b), end (c).]						SET AND DEATH
	PART I. DEAT	H WAS CAUSED BY:	Dwax	aba muanuani		3 -1	2.12.1		0,	SEI AND DEATH
	491	IMMEDIATE CAUSE (8)	DLOI	cho-pneumonia	, Lower	Lones,	DITE	eral		
	1 11	DUE TO								
	Conditions, if en	which (b)								
	geve rise to immed	- DUE TO								
	(a), stating tha u	ndarlying Doc 10								
	causa last.) (c)								
O	PART II. OTHE	R SIGNIFICANT CONDI	TIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE C	ONDITION GIV	EN IN PART 1(e) 1	9. WAS AUTOPSY PERFORMED?
Y			Car	diac hymertro	mhar moo	densta				YES NO
음	20e. EXTERNAL C.	AUSE WAS 2	Ob. DESCR	diac hypertro	(Enter neture of	Injury in Part I	or Part II of	item 18.}		DEC L
CERTIFICATION	PRIMARY OF CO	ONTRIBUTING 🗌								
WEDICAL	20c. TIME OF INJU	JRY Month, Dey, Ye			PLACE OF INJURY fectory, street, office		20f. (City	or town)	(County)	(State)
ED	Hour a.m.	10	While at wo		ieciory, sireer, om	te blug., alc.,				
1	p.m.	hat I took shares		nains described above,	hold an Autor	acy lamb la	Iconstian	, Inquir	, D and	in my opinion
		The state of the s				,	and .			in my opinion
	death resulted	from:	anses XX	Accident, S	uicide .	Homicide L	_, Unc	letermined m	anner	
0	1 1 1 1 1	17	In	-1	CHIE	F MEDICAL EX	AMINER [
	ACTUAL	Viday.	1510	The North	ASSI	STANT MEDIC	AL EXAMINE	R Reserve	r	ATE SIGNED
	SIGNATURE	Tan for	11/10	ray every	M.D.					
	EXAMINER'S NAME (Typa)	Rudiger Br	eiten	ecker, M.D.		ITY MEDICAL I	-	_	ebruary	2. 1962
22		ON, 226. DATE THERE	OF	22c. NAME OF CEMETERY	OR CREMATORY	2	2d. LOCATI	ON (City, town,	or country)	(State)
	Burial (Specify	2/6/62	100	Holy Face	Cemeter	V	Grant	Mills,	Mary	land
	FUNERAL DIRECTO			ADDRESS					ISTRAR'S SIGNATI	
						FF			Lithur L. Kr	
W	. Clarke	attingley	Leon	ardtown, Md.		DATE	-		- / / / / / / / / / / / / / / / / / / /	over101
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stones to the first staff Street . Acres Creativities For to the total term by a large to the arm of the Committee of the Control of the Control none begre tonight bear broad and THE STATE OF THE PARTY OF THE P and a second from the second second Burist B/6/62 Toly Pace Generary Phone Wille, Surplind W. Chryste Muttingiery Languagement, No.

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CONTROL OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH a. COUNTY	. Mary's		MARYLAND	a. STATE Marvland a. STATE Marvland b. COUNTY St. Marvland					
	b. CITY OR TOWN (if write RURAL and a	outside corporate lim give neerest town)	its,	c. LENGTH OF STAY IN 16		/N (If outside corporate Piney Poir		L and give r	nearest town)	
			(if not in hosp	ilel, give street eddress)	d. STREET ADDR				o. IS RESIDENCE ON A FARM? YES NO X	
	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Dey	Year	
	(Type or print)	Lillia	an	Ann	Goddard	DEATH	Feb.	24.	19 62	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In yeers IF UN		IF UNDER 24 HRS.	
	Male	White	WIDOWED	DIVORCED	Feb. 5.	1962	yrs. Mont	hs Days	Hours Min.	
10a	. USUAL OCCUPATION of work	ON (Give kind of wor	k 10b. KIN	ID OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (S	tate or foreign country)	12	CITIZEN O	F WHAT COUNTRY?	
1 00	None	ang me, even ir remre	ed)			Maryland	1	U.	S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME				
	Ge	orge E. G	oddard		Eth	el G. Adams	3			
15.	WAS DECEASED EVER	R IN U.S. ARMED FOI	RCES? 16. 5	OCIAL SECURITY NO. 17.	INFORMANT		Address			
(10	s, no, or unkown) (If)	esgive war or detes of:	service)		lother sam	e as # a al	ove			
	18. CAUSE OF DE	ATH [Enter only one	cause per lir	e for (a), (b), end (c).]	.0 4101 5002	o ab # a a.	3010		ERVAL BETWEEN	
		WAS CAUSED BY:			Bronchial	nnaumonia		ON	1 week	
	763	DUE TO			DIONOMILAL	prioamonia	Dun F		1 11002	
	Conditions, if any,	200								
	geve rise to immedie	te ceuse								
	(a), slating the un-									
Z	Cause last.	SIGNIFICANT COND		RIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN	PART I(a): 19	WAS ALITOPSY	
CATIO	PART II. OTTIER	JIGNII CAN CONS	mons com	KIDOTING TO DEATH OUT IN	OT RELATED TO THE TE	MINAL DISEASE CON	DINON GIVEN IN	Y 100/	PERFORMED?	
CERTIFICATION	20e. EXTERNAL CAL PRIMARY ☐ or CON CAUSE OF DEATH.		Ob. DESCRIB	E HOW INJURY OCCURED.	Enter nature of injury in	Part I or Part II of item	18.)			
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Ye	While at work	Not While fac	ACE OF INJURY (Home, story, street, office bldg.	farm, 20f. (City or to	own)	(County)	(State)	
	21. I certify tha	at I took charge	of the rema	ins described above, h	eld an Autopsy	, Inspection X	Inquiry X	, and	in my opinion	
	death resulted fr	om: Natural co	auses X.	Accident , Sui	ide , Homici	de , Undete	rmined manner			
			1	7 0 0	CHIEF MEDIC	AL EXAMINER				
	ACTUAL SIGNATURE	11/1	ny	77300	M.D.	MEDICAL EXAMINER		D	ATE SIGNED	
	EXAMINER'S NAME (Type)			. Boyd M.D.	Address (Stre	et, city, town, or count		2/	24/62	
22a	BURIAL, CREMATION REMOVAL (Specify)		OF 2	2c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION		untry)	(Slete)	
	Burial	2/25/62		St. George		Valley			yland	
23	FUNERAL DIRECTOR			ADDRESS		REC'D BY REGISTRAR			JRE	
1	V. Olarke N	Mattinglev	Leon	ardtown Mary	land DATE	EB 2 7 '62	arthur d	. Thous		
0	207832	3185								

Page of Health, files. TO DEPUTY MEXCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the Artificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

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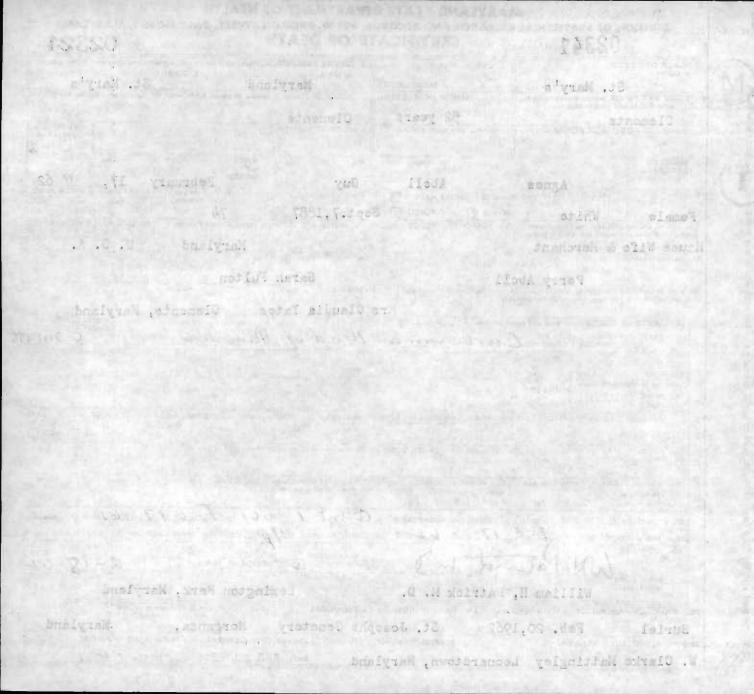
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VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02324

a. COUNTY	н		a. STATE	ETACE (At tiese of	b. COUN		ince perore admission/	
S	t. Mary's	MARYLAND	24 2 2 2					
b. CITY OR TOWN	(if outside corporate timits, d give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOV	VN (If outside corp	orate limits, wril	e RURAL and give	neerest lown)	
Clement		52 years	X Clement	e				
	ITAL OR INSTITUTION (if not in		d. STREET ADDR				a. IS RESIDENCE ON A FARM?	
							YES NO X	
3. NAME OF	First	Middle	Last	4. DATE	Mont	h Day		
(Type or print)				OF DEATH	W 1.	37	19 62	
5. SEX	Agnes	Abell	Guy	0	Februs AGE (In years	HE UNDER I YEAR		
0. 00%	7. m.	THE VER INTERCACED			last birthday)	Months Days	Hours Min.	
Female	HALL VY		Sept.7,1887		74 yrs.	1 10 61717511	05 11111 7 6011170	
	TION (Give kind of work orking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY?	
House Wife	& Merchant			Max	ryland	U. S	. A.	
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME				
	Perry Ahel	1	Sar	ah Fulto	n			
		16. SOCIAL SECURITY NO. 17.			Addres			
(Yes, no, or unkown)	(If yes give war or detes of service)	Man	Claudia Y		01		1	
I 18 CAUSE OF	DEATH [Enter only one cause		OTHUGIE I	a ves	Olemen.	ts, Maryl	ITERVAL BETWEEN	
	TH WAS CAUSED BY:	arcinona	Heade	Dane.		0	NSET AND DEATH	
1 5	IMMEDIATE CAUSE (e)	arcinoma	Hend of	¿ vane	nus		8 1100	
13	DUE TO							
Conditions, if en	1-1							
geve rise to immed (e), steting the	DITE TO							
cause last.	dilderlying (c)							
Z PART II. OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TE	ERMINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY	
OIL							PERFORMED?	
200 ACCIDENT V	VAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCCURED). (Enter neture of injur	ry in Pert t or Pert I	l of item 1B.)	1		
OR CONTRIBUTING	G CAUSE OF DEATH							
20c. TIME OF INJ Hour e.m.		,	ACE OF INJURY (Home tory, street, office bldg.		y or town)	(County)	(Stete)	
Hour e.m.		While Not While twork at work	iory, street, office bidg.	1				
	17	attended the deceased from.	Clapaso 1	10 6/10	Febr	17 1062	Abat (I) (wa) last	
saw the decea		1719.6.2 and tha	death occured a	at from	n the causes	and on the c	22b. DATE	
22a, SIGNATURE	1011)=	1	ATTENDING	MED.	STAFF	a	SIGNED	
	INA. Falu	a m	A.D. PHYS.	DIRECTOR	PHYS.	2-	-18-62	
22c. PHYSICIAN'S			22d. ADDRESS		D1-	W 3		
	William H,	Patrick M. D.		Lexingtor	l Park,	Maryland		
23a. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	. 23d. LOC	ATION (City, to	wn or county)	(Stete)	
Burial (Specific	Feb. 20,19	62 St. Jose	phs Cemete:	ry Mon	rganza,	M	aryland	
24 FUNERAL DIRECTO		ADDRESS		REC'D BY REGIS				
		anandtarm Hamal	DAT	E FEB 2 3	62	Jathan & H		
". OTHIKE	marchigles re	onardtown, Maryl	ario IDAI	6 to 50 to 60	V 64 1	3 86 1 0 A 72	ralla	



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ms. Payetained by the hospital or attending physician.

IO FUNERAL DI CIOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages to be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR

VR A15 (4) 15M 7/61

MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH AND RECORD	EPARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02342 CERTIFICAT	TE OF DEATH 02325
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
St. Mary's Hospital 3. NAME OF DECEASED Middla	Last 4. DATE Month Dey Yeer
(Type or print) Spencer Ignatius H	ayden Feb. 23, 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Male White WIDOWED DIVORCED	July 27, 1886 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Farming 13. FATHER'S NAME	Maryland U.S.A.
Villiam Abell Hayden 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no., or unkown) (Ifyes give were or deles of service)	Selina Downs Address
	W. Hayden Avenue, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gover rise to immediate cause (a), stating the underlying couse last. PART I. DEATH WAS CAUSED BY: Immediate cause (b) DUE TO Coupling the underlying couse last.	age onser and death article acceptions
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT (IG	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO (Enter neture of injury in Pert I or Pert II of item 18.)
	. (chief neithe dynamy in ren i of ren in or neith it.)
	CE OF INJURY (Home, farm, ory, street, office bldg., etc.) 20f. (City or town) (County) (Slete)
22c. PHYSICIAN'S NAME (Type)	death occured atM, from the causes and on the date stated above. ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS
A. Samadi M. D.	Leonardtown, Maryland OR CREMATORY 23d. LOCATION (City, town or county) (State)
23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial Feb. 26, 1962 St. Aloysi	

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Leonardtown, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

W. Clarke Mattingley Leonardtown, Maryland

5 '62 DATEMAR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02343 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 02326

1. PLACE OF DEATH G. COUNTY S	t. Mary's		MARYLA	0.51		Where decess yland	b. COUNT		Mary s	17 (13
and give nearest to	(If outside corporate limits, write was) Park Hall	RURAL	c. LENGTH OF STAY IN	1	ITY OR TOWN (outside cor	porote limits, write Hall	RURAL and gi	ive nearest tow	rn)
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in h	ospital, give street address)	d. 5	TREET ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Ar	drew	Middle Jackson	Hi	Lost 11	4. DATE OF DEATH	Febru			ear 9 62
5. SEX Male	Colored	WIDOW		Oct.	9.1884		9. AGE (In years lost birthday) 77 yrs.	Months Day	EAR IF UNDE	R 24 HRS. Min.
10a. USUAL OCCUPAT during most of work Fa1	ION (Give kind of work king life, even if retired)	done 10b	. KIND OF BUSINESS OR IN	DUSTRY 11. B	IRTHPLACE (Stot	e or foreign o	ountry)		OF WHAT	COUNTRY
13. FATHER'S NAME	Harrison Hil	1		14. MO	THER'S MAIDEN	NAME Louise	??			H
1S. WAS DECEASED E	VER IN U. S. ARMED FO Iff yes, give war or dates of			17. INFORMAL Mrs Ju.		Jourtne	y RFD 34		ngton P	ark,
Conditions, if gave rise to imm (o), stating the couse last.	underlying DUE TO		CAO		omoe				3 m	onth
CATIO			CONTRIBUTING TO DEATH I					VEN IN PART 1(PERFOR	
20a. EXTERNAL C PRIMARY OF C CAUSE OF DEATH 20c. TIME OF INJ Hour a. m p. m	URY Month, Day, Yes	r 20d Wh	. INJURY OCCURRED 20e.	PLACE OF IN	JURY (Home, far , office bldg., et	m, 120f. (City		(County	()	(Stole)
			remains described P, Accident [],		d on Autop , Homicid		nspection indetermined	-	, and f	ind that
ACTUAL SIGNATURE	Mer	1)	150, XH	M.D.	HIEF MEDICAL I	-			DATE SI	GNED
EXAMINER'S NAME (Type)	William D.				EPUTY MEDICAL	L EXAMINER	5		2/24/6	2
REMOVAL (Specif	2/27/62)F	Zion Churc		tery	Lexi	TION (City, town, Lngton Pa		(Slole)
23. FUNERAL DIRECTO			ADDRESS			D BY REGIST		STRAR'S SIGNA	ATURE	
W. Clarke	Mattinglev	Leon	ardtown. Mary	vland	DATE	R 2 7 162				

VS. ATSME(S) SM 9/55

MARYEASE STATE DOPARTMENT OF HEALTH -BARTIMORE. ORDAG - MICHOLE EXAMINER'S CERTIFICATE OF DEATH

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	Little To Later	**************************************	PALSE NAME	Angue:
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	E. M. Crank			
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an see dixin	At Lan youthood al	AMBORIO CONTROL DOS.		
Deal Service				
No. 17				
	and reduced the light of the			
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	District and the U			
BURNS TO			A THE PARTY OF	1000
. 4	ne a colonial west	The Date of the Late of	550 FEB. 17"	Talen
			36,0102,710	
				TAIS

page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages the State Baard of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

Dospital ar attending physician.

may be retained by TO FUNERAL DIRECTO

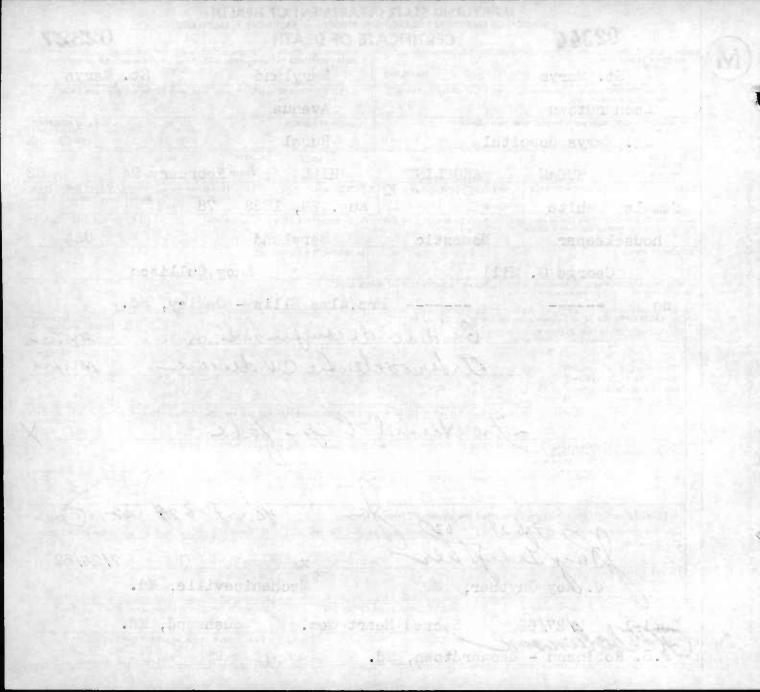
VR A1S (4) 1SM 9/S9

02344

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02327

1. PLACE OF DEATH d. COUNTY	t. Marys		MARY	LAND	g. STATE	CE (Where decear	ed lived. If instituti b. COUNTY		before odm	
b. CITY OR TOWN (If autside carporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	/N (If autside corp	porgte limits, write R	URAL and giv	re nearest ta	wn)
RURAL and give n	erdtown				X Aver	nue				
d. NAME OF HOSPI	TAL (If nat in haspital,	give street a	ddress)		d. STREET ADDR			-	e. IS R	RESIDENCE
or institution St. I	Marys Hos	pital			Rura	al				A FARM?
3. NAME OF DECEASED (Type or print)	SUSAN	têt	ANGELINE		HTLL	4. DATE OF DEAT	H Februar		Day	Year 19 62
S. SEX	6. COLOR OR RACE		D NEVER MARRIE	-	DATE OF BIRTH		9. AGE (In years	_	YEAR IF UN	
female	white	WIDOWED		46.	Aug. 28,	1883	78 yrs.	Months D	Days Hour	rs Min.
10a. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	dane 10b. K	IND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZE	EN OF WHAT	TCOUNTRY
	keeper		omestic		Mary	yland		1 1/2	USA	A
13. FATHER'S NAME				1	14. MOTHER'S MA					
(George G.	H111				Lan	cy Culli	son		
15. WAS DECEASED EVE	ER IN U. S. ARMED FOI	RCES? 16. S	OCIAL SECURITY NO	. 17. INF	ORMANT		Add			
(Yes, no. or unknown)	(If yes, give war or dates of	service)		Mr	s.Alma	Ellis -	Oakley,	Md.		
18. CAUSE OF DE	ATH [Enter anly one co	ause per line			1				INTERVAL ONSET AN	
PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	6 andia	00	te comy	beusas	lein		24	Ltur
7-7:	DUE TO		P		le comp les Lie					
Canditians, if a	any, which)		Treferry	TAP	Ceratie	CVdu	seace.	-	15	you
gave rise to i	mmediate (,								1
lying cause last.	rne under-	c)								
Z PART II. OT	HER SIGNIFICANT CON		ONTRIBUTING TO DEA	ATH BUTAN	OT RELATED TO THE	E TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1	1(a) 19. WA	S AUTOPSY
CATIC		F	a chur	rel	hip	- Tal	2		YES [FORMED?
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY O	CCURRED	(Enter nature of inj	ury in Part I or P	art II af item 18.)			
3 20c. TIME OF INJUI	RY Manth, Day, Ye	or 20d. IN.	JURY OCCURRED	20e. PLA	FOF INJURY (Ham	e, farm, 20f. (C	ity ar tawn)	(Co	untx)	(State
20c. TIME OF INJUI	19	While at work	Nat while	race	street, affice bld	ig., etc.)			1	
					R	1/8	I-ekn	4 1062	2 1 (11)	3
saw the decea	at (I) (this haspita sed alive on I	L2Y	(2/)	//	eath accurred a	, 19 27.0 , .ta tM, fran		1962 and an the		
22a. SIGNATURE	Hours	111	Thon	9	ATTENDING	MED.	STAFF		2/24/	22b. DATE SIGNE
22c. PHYSICIAN	XIOY	1	10 4000	~	.D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS.		1641	02
NAME (Type)	J. Koy G	uythe	er, MD			echanic	sville,	Md.		
23a. BURIAL, EREMATIC		OF	23c. NAME OF CEMI	ETERY OR	CREMATORY	23d. LOC	ATION (City, tawn,	ar county)	(Sr	tate)
REMOVAL (Specify) - 10-10	2	Sacred	He	art Cem.	-	ushwood			
24 FUNER BARTETO	S-OGRATURE -	211	ADDRESS			REC'D BY REG		ISTRAR'S SIGN	VATURE	
TO B	obinson -	Lear	andtown	Ma	DA	TE EFR 2	8 '62		05	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02328 02345

1. PLACE OF DEATH		2. USUAL RESIDER	NCE (Where deceased lived, If	institution: Residence before edmission
St. Mary's	MARYLAND	a. STATE Mar	yland b. cou	St. Mary's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write	ta RURAL end give neerest town)
Leonardtown	6 hrs.	X Rural	Piney Point	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS		. IS RESIDENCE
St. Mary's Hosp	ital			YES NO K
3. NAME OF First DECEASED	Middle	Last	4. DATE Mont	h Dey Yeer
(Type or print) Vernett		Johnson	DEATH Februa	ry 19, 19 62
5. SEX 6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female Colored WIDOV		May 4, 1911	last birthday) 50 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (COL	anty & State, or foreign country	12. CITIZEN OF WHAT COUNTR
House wife			Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Tarouh Tours		7	-001 a Dwarm	
Joseph Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1.	6. SOCIAL SECURITY NO. 17.	INFORMANT	ffie Brown	
(Yes, no, or unkown) (If yes give werordetes of service)				
18. CAUSE OF DEATH [Enter only one cause pe		arles N. Joh	nson Piney Po	int, Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause lest. (c)		f sloma	h	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GI	PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Pert I or Pert II of item 18.)	YES NO
20c. TIME OF INJURY Month, Day, Yeer 20c Hour e.m. Wh	nile Not While fa	ACE OF INJURY (Home, fai story, streat, office btdg., et		(County) (State)
21. I certify that (I) (this hospital) after saw the deceased alive on				and on the date stated above
220. SIGNATURE Pysican	-new	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	2/20/62
22c. PHYSICIAN'S NAME (Type) P. J. Bear	n M. D.	22d. ADDRESS	Great Mills,	Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 2/22/62	23c. NAME OF CEMETERY		23d. LOCATION (City, to	
Burial 2/22/62	St. Mark's	Cemetery	Valley Lee,	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RI	FEB 2 6 '62	GISTRAR'S SIGNATURE

the funeral d 2 should The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 me or retained by the hospital or attending physician.

TO FUNERAL DI ACTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I be filed with the State Dept. of Health prior to burial, cremation, or removal and event, within 72 hours after VR A1S (4) 15M 7/61

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may be retained by TO FUNERAL DIRECTO

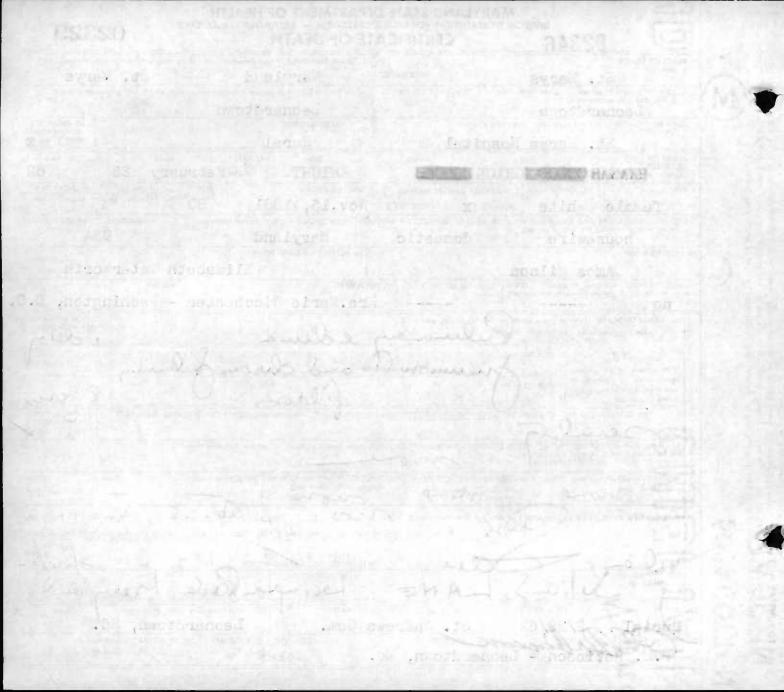
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 02346

02329

1. PLACE OF DEATH a. COUNTY St	. Marys		MARYL		o. STATE Mary		ed lived. If institutio b. COUNTY	St. Me		on)
b. CITY OR TOWN (If or RURAL and give neore Leona	utside carporate limit est town) rdtown	s, write	c. LENGTH OF STAY II	N 16	/	ordto	orate limits, write RU	JRAL and give ne	arest town)
d. NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS					DENCE FARM? NO
3. NAME OF DECEASED. (Type or per All All All All All All All All All Al	Fire	_	Middle		KNIGHT	4. DATE	HFebruar		-,	Yeor 19 62
	color or RACE		ED NEVER MARRIED		ATE OF BIRTH	881	9. AGE (In years last birthday)	IF UNDER 1 YEAR		
10a. USUAL OCCUPATION during mast of working	(Give kind of work of	ione 10b.	Lan	INDUSTRY		ote ar foreign		12. CITIZEN O		OUNTRY
13. FATHER'S NAME	os Wilso	n		1	4. MOTHER'S MAIDE		izabeth	Waterwo	rth	
15. WAS DECEASED EVER II Yes, no. or unknown) (If y	U. S. ARMED FOR es, give wor or dates of so		SOCIAL SECURITY NO.	17. INFO	s.Marie	Winch	ester -		ton,	D.
18. CAUSE OF DEATH PART I. DEATH IA Conditions, if only, gave rise to imm	WAS CAUSED BY: MEDIATE CAUSE (a DUE TO Which) (b	to	lumon	Dis	eden	larne	ic Juliu	on	ISET AND	DEATH
cause (a), stating the lying cause lost.	under- DUE TO				Pilro	245	U	1	74	ans
Dei Dei	ulity		ONTRIBUTING TO DEA					EN IN PART 1(o)	PERFO	NO
	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	inter noture af injury	in Part I ar P	ort II af item 18.)			
20c. TIME OF INJURY	Manth, Day, Yea	While at wark	- Natamhile		OF INJURY (Hame, f , street, office bldg.,		ity or tawn)	(Caunty	-	(State
21. I certify that (saw the deceased 220 SIGNATURE) attend	ed the deceased f		th accurred at	1961 . ta	1	1962 to	e stated	,
22 PHYSICIAN'S NAME (Type)	i l'an	3.1	IM ANE	M.D	ATTENDING PHYS. 229. ADDRESS	MED. DIRECTOR [STAFF PHYS.	You	Space	SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREC		23c. NAME OF CEME St. And		_	-	ATION (City, tawn, c	40.01	(State	e)
21. PUNERAL DIRECTOR'S	Colore	T.OOT	ABORESS A P C T C WITH	Ma.		EC'D BY REGI		STRAR'S SIGNATU		



the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m. Tretained by the hospital or attending physician. TO FUNERAL DI ACTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1. 10 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1. 10 2 should be disched for use as the burial-transit permit. Then please remove carbon papers.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02347 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
s. COUNTY St. Mary	/1 s	MARYLAND		ryland	b. COUNT	St. Mar		
b. CITY OR TOWN (if outside co		c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outsida corpora	ite limits, writa f	RURAL end give	neerest tow	n)
Rural Lovevil		Life	X Rural	Loveville				
d. NAME OF HOSPITAL OR INS		spitel, give street address)	d. STREET ADDRI	ESS				SIDENCE
MILLERS			1				YES X	NO [
3. NAME OF DECEASED	First	Middle	Lest	4. DATE	Month	Day	Year	
(Type or print)		ving	Long	OF DEATH	Februa		196	The last
5. SEX 6. COLO	R OR RACE 7. MARRIE	D NEVER MARRIED 8	DATE OF BIRTH		AGE (fn years I		IF UNDER	-
Male Whit	te WIDOWE	DIVORCED .	July 1.1892		69 yrs.	Months Days	Hours	Min.
done during most of working life, e		IND OF BUSINESS OR INDUSTR		County & Stete, or for		12. CITIZEN O		OUNTRY?
Farming 13. FATHER'S NAME			14. MOTHER'S MAIL	Maryl	and	U.S.	4.	
is. PATHER'S NAME			14. MOTHER S MAIL	DEN NAME				
	ert Long			rine Ann J	ohnson			
15. WAS DECEASED EVER IN U.S. (Yes, no, or unkown) (Ifyes give we		SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
		Eur	nice A. Lør	To Love	ville.	Maryland	1	
18. CAUSE OF DEATH Ent	er only one cause per	line for (a), (b), end (c).)				IN1	ERVAL BET	
PART I. DEATH WAS CA		Gorona	W Wir	orubo	isis		CLU NA	
IMMEDIATE		000000	7		-	1		
3.1	DUE TO					(1		
Conditions, if eny, which	(b)							
(e), steting the underlying	DUE TO							
ceuse lest,	(c)	*						
PART II. OTHER SIGNIFICA	NT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVE	N IN PART 1(e) 1	9. WAS A PERFO	RMED?
CAI							YES	NO [
PART II. OTHER SIGNIFICADE 208. ACCIDENT WAS UNDERLOOK CONTRIBUTING [] CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury	y in Pert I or Part II o	f item 18.)			
20c. TIME OF INJURY Mon	th, Dey, Year 20d.		CE OF INJURY (Home,		r town)	(County)		(Stete)
ZOc. TIME OF INJURY Mon	While	- 1101 1111110	ory, street, office bldg.,	, etc.)				
₹ p.m.	19 et wor		0/21	177	The.	lat	-	
21. I certify that (I) (t	his hoppital atten	ded the deceased from.	8/.3/	, 1922, 109	yer.	, 19, 1	ha! (1) (we) las
saw the deceased alive	on	9 19 0 and that	death occured a	1	the causes a	nd on the d		
22a. SIGNATURE	04	11.	ATTENDING.	MED.	STAFF		226.	. DATE
Hoy	New	Mer M	.D. PHYS.	DIRECTOR	PHYS.			
22c. PHYSICIAN'S			22d. ADDRESS					
NAME VIVOO)	Roy Gwythe	er M. D.	Mech	nanicsvill	e, Mary	land		
238. BURIAL, CREMATION, 236.	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, town	or county)	(51	late)
REMOVAL (Specify) Burial	Feb.19.1962	St. Joseph	Cemeterv	More	zanza.		Maryla	and
24 FUNERAL DIRECTOR'S SIGNAT		ADDRESS		REC'D BY REGISTRA				
				FEB 2 3 '62	0.1	hur & Kray	A	
W. Clarke Matti	ngley Leor	nardtown, Maryl	and	C C B C C C C C C C C C C C C C C C C C	- Caro	2. 10tm		

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

67	14	8	CERTIFICATE OF	DEATH

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)2	. 1		1
-	16.	0 3.	. 1	1
-			0 2	4

a. COUNTY	TH			CE (Where deceased lived, If institution b, COUNTY	ni Rasidence before admission)		
_	t. Mary's	MARYLAND	a. STATE Mary		t. Marv's		
	(if outside corporate limits, and give neerest town)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Leonard		10 days	X Clement	S			
d. NAME OF HOS	PITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?		
	St. Mary's Hosp	ital			YES NO X		
3. NAME OF	First	Middle	Last	4. DATE Month	Day Yaar		
(Type or print)	Bessie	G.	McWilliams	DEATH February	21, 19 62		
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8	. DATE OF BIRTH	9, AGE (In yeers IF UND			
Female	1016 5 4 6	***************************************	Aug.12.X8 18	870 91 yrs. Months	Days Hours Min,		
10a. USUAL OCCUP.	ATION (Give kind of work working life, even if retired)	. KIND OF BUSINESS OR INDUSTR			CITIZEN OF WHAT COUNTRY		
House		Home		Wa man 3 and 3	U.S.A.		
13. FATHER'S NAME		поше	14. MOTHER'S MAIDEN	1101 4 01111	0.00.00		
	James B. Garso	an an	11	W Maddan			
15. WAS DECEASED			INFORMANT	ary E. Maddox			
(Yes, no, or unkown)	(If yes giva wer or dates of service)						
No			orge McWillia	ams Jr Clements,			
	DEATH [Enter only one cause p	er line for (e), (b), end (c).]	51		ONSET AND DEATH		
PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Ceretral	more	cro	mone /		
41	DUE TO	N/	1. 11				
Condition if		worms on	10 conditions		2 Meno		
Conditions, if a	1-1				0.1.		
(a), steting the	DUIL TO	11/2 - 1 - 1	Anosol	- חשבר	10000		
cause last.	(c)	lemonder,	7 . 7		10 year		
PART II. OTI	HER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN P.	ART 1(e) 19. WAS AUTOPSY PERFORMED?		
TA.					YES NO		
	WAS UNDERLYING [] 20b. I	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)			
	FY MEDICAL EXAMINER)						
20c. TIME OF IN	IJURY Month, Dey, Yeer 20		CE OF INJURY (Home, ferm		County) (State)		
Hour a.m	at .	hile Not While fac	tory, street, office bldg., etc.	.)			
-	. 17		9	12) 1.1.21	. / 5		
21. I certify		ended the deceased from.	//	1950 to Feb. 4			
saw the dece	eased alive on T	19.6.2, and that	death occured atd.	Kill, from the causes and o	n the date stated above		
22e. SIGNATUR	EO1 /1-1		ATTENDING	MED. STAFF	22b. DATE SIGNED		
[]	JITTahrely	M		DIRECTOR PHYS.	2-22.6		
22c. PHYSICIAN			22d. ADDRESS				
NAME (Ty	William H. P	etrick M. D.	Lexing	gton Park, Marylan	d		
230 BURIAL CREM	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, fown or co			
REMOVAL (Speci	ty)						
Burial	2/24/62		rt Cemetery	Bushwood,	Maryland		
24 FUNERAL DIRECT		ADDRESS		C'D BY REGISTRAR 256. REGISTRAR	'S SIGNATURE		
W. Clarke	Mattingley Leo	mardtown, Maryl	and DATEFE	8 2 7 '62 Cally	8. Kroug		
	ma ochigae's noc	mara county mary	DAILE S	C. School	a. / YOHA		

laryland St. Mary's admosaic again of insignor a grad .oc anaggeometric erich election Aug. 12, 18 1870 91 .A.B.W benfyran Rouse will a land a south James B. Carean Home George Ackillians Or - Clements, Maryland Brown Under Est Charles William Commence Sugar Syst/62 Egored Heart Company Dunivood, Maryland . Oberge dettingley lectivation, hergised to the original

FOR STATE HEALTH DEPT.

IO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neplease execute if the criticate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral direct a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for ITO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 333 WEDICAL EXAMINER'S CERTIFICATE OF DEATH

 PLACE OF DEATH COUNTY 			2. USUAL RESIDEN	CE (Where deceased live	d, If institution: Re OUNTY	sidence before admissio
St	Mary's	MARYLAND		land	St.	Mary's
b. CITY OR TOWN (in	outside corporete limits,	c. LENGTH OF STAY IN 16		If outside corporete limits,		
Leonard	give nearest town)	2 days	X 2 2 0	A 7 3		
		in hospitel, give street address)	Rural S	cotland		. IS RESIDENCE
						ON A FARA
. NAME OF	St. Mary's Ho	THE RESERVE OF THE PARTY OF THE				YES NO
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(Type or print)	Clara	Augusta	Norris	DEATH Febi	ruary 2	3, ₁₉ 62
S. SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH		ears IF UNDER 1	
Female	5.65 + 4	DOWED X DIVORCED	Aug. 16, 187	83 y	rs. Months D	eys Hours Min.
Oa. USUAL OCCUPATI	ON (Give kind of work	106. KIND OF BUSINESS OR INDUST				EN OF WHAT COUNT
done during most of wor	king life, even if retired)					
House W	lie	Home	11 HOTHERIC HAIREN	Washington	,D.U.	U.S.A.
or retired 5 to the			14. MOTHER'S MAIDEN	NAME		
	am Franklin I		Alice	Dyer		
 WAS DECEASED EVE Yes, no. or unkown) / (If 	R IN U.S. ARMED FORCES? yes give wer or detes of service	16. SOCIAL SECURITY NO. 17.	INFORMANT	Ad	dress	
(11	, g					2 1
			lovd E. Norri	s Scotlar	nd. Mar	viand
18. CAUSE OF D	EATH [Enter only one cour	L	loyd E. Norri	s Scotlar	nd, Mar	
The second secon		se per line for (e), (b), end (c).)			nd, Mar	INTERVAL BETWEEN
PART I. DEATH	EATH [Enter only one coust. WAS CAUSED BY: MMEDIATE CAUSE (a)	se per line for (e), (b), end (c).)	loyd E. Norri		nd, Mar	
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3 PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO which the couse	se per line for (e), (b), end (c).)			nd, Mar	INTERVAL BETWEEN
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Conditions, if any, gave rise to immedia (e), stelling the unceuse lest. PART II. OTHER 20e. EXTERNAL CAPRIMARY or COLCAUSE OF DEATH. 20c. TIME OF INJUST Hour p.m. 21. I certify the death resulted fractual SIGNATURE EXAMINER'S NAME (Type)	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO which the couse the couse DUE TO (b) DUE TO (c) SIGNIFICANT CONDITION FIGURE USE WAS VIRIBUTING (a) Which Day, Yeer 2-8 19 62 at I took charge of the com: Natural cause William D.	IS CONTRIBUTING TO DEATH BUT N CERTIFICATION CERTIFICATION IS CONTRIBUTING TO DEATH BUT N DESCRIBE HOW ANJURY OCCURED. 20d. INJURY OCCURED 200. PL While Not While of work of work of the work o	OT RELATED TO THE TERMIN (Enter neture of injury in Per ACE OF INJURY (Home, ferr ctory, street, office bldg., etc.) Proceed Autopsy Cide Homicide CHIEF MEDICAL II M.D. ASSISTANT MED DEPUTY MEDICAL Address (Street, of	NAL DISEASE CONDITION It I or Pert II of item 18.) II, 20f. (City or town) Inspection II. In III, Undetermine EXAMINER III LEXAMINER IX city, town, or county)	(Coundary)	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPS PERFORMED? YES NO (Stete) and in my opinion DATE SIGNED

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. William P. Boyd Billiam

union told John Soll, House Fring

I. Clarks National Velocition, Maryland

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after making the hospital or attending physician.

Di CTOR: After this certificate has been signed whe attending physician and completely filled in the formula as the hirial-transit permit. They place semant paper paper it is being the property of the place of TO HOSPITAL (death. Page 4 m VR A15

DIAISIO	02350	CERTIFICA	TE OF DEAT	•	ORE 1, MARYLAND 0233
The second secon	. Mary's	MARYLAND	a. STATE Mar	CE (Where decessed lived, If in b. COUNTY yland	St. Mary's
write RURAL	N (if outside corporate line and give nearest town)			If outside corporete limits, write	RURAL end give nearest town
d. NAME OF HO		i (if not in hospital, give street eddress)	Rural d. STREET ADDRESS	California	l e. IS RES
		s Hospital			ON A
3. NAME OF DECEASED	Fin	st Middle	Last	4. DATE Month	776
(Type or print)	Eliza	beth Ann H	Pingleton	DEATH Februa	rv 4. 196
5. SEX	6. COLOR OR RAC		8. DATE OF BIRTH	9. AGE (In years	
Female	White	WIDOWED DIVORCED	June 24,1880	81 yrs.	Months Days Hours
	ATION (Give kind of wo working life, even if reti		TRY 11. BIRTHPLACE (Coun	ity & State, or loreign country)	12. CITIZEN OF WHAT CO
Hou:	se wife	Home	14. MOTHER'S MAIDEN	Virginia	U.S.A.
	Bedford C				
PART I. DE	ATH WAS CAUSED BY, IMMEDIATE CAUSE (e	e) Cur Hus J	,	ton Abell, Ms	INTERVAL BETV
18. CAUSE OF	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e try, which ediate cause underlying DUE TO	o) Circ Hus J	,		INTERVAL BETV
PART I. DE Conditions, if e gave rise to imm (a), stelling the cause lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e iny, which ediate cause underlying DUE TO	o) Circ Hus J	elesti	CVdu	INTERVAL BETWONSET AND DE
PART I. DE Conditions, if e gave rise to imm (a), stelling the cause lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Ony, which ediate cause underlying DUE TO (c) HER SIGNIFICANT CONE	occurse per line for (e), (b), end (c).] Occursion of the second of the second occurs	overaged to the TERMIN	CV due	INTERVAL BETY ONSET AND DE
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Conditions, if e gave rise to imm (a), steting the cause lest. ZO PART II. OTION OR CONTRIBUTING (IF EITHER, NOTION CONTRIBUTION CONTRIBUT	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e tony, which ediete cause underlying WAS UNDERLYING WAS UNDERLYING WAS UNDERLYING WAS UNDERLYING WAS UNDERLYING TO THE WAS TO TH	couse per line for (e), (b), end (c).] c) Diffions Contributing to Death But N Contributing to Death	DENTE TO THE TERMINATION OF THE	NAL DISEASE CONDITION GIVE WALLE Pert I or Pert II of item 18.) 1961., to	EN IN PART I(a) 19. WAS AL PERFOR YES N
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Conditions, if e gave rise to imm (a), stelling the cause lest. PART II. OT OR CONTRIBUTION (IF EITHER, NOT) 20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT) 21. I certify saw the dece 22e. SIGNATUR 22c. PHYSICIAN NAME (Ty	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e IMMEDIATE CAUSE OF DEATH INTO MONTH, Dey, Y IMMEDIATE EXAMINER INTO MONTH, DEY, Y IMMEDIATE CAUSE INTO MONTH, DEY, Y IMMEDIATE INTO MONTH, DEY, Y IMM	cer 20d. INJURY OCCURED While of work of the work of t	DENTE DE TO THE TERMIN DENTE NOTATION DE LA CE OF INJURY (Home, forn clory, street, office btdg., etc. ATTENDING PHYS. 22d. ADDRESS Mechar	NAL DISEASE CONDITION GIVE WHAT Pert I or Pert II of item 18.) 1961., to	EN IN PART I(a) 19. WAS AU PERFOR YES No Note 1 and on the date stated 22b.

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ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 4 min to retained by the hospital or attending physician.

TO FUNERAL D. CCTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages to be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after TO HOSPITAL OR

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0235		CERTIFICA	E OF DEAT			UX	335
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDEN	CE (Where decease		on: Residence	before admission
St. Mary	a	MARYLAND	a. STATE Mary	rland	b. COUNTY	St. Ma	ry's
b. CITY OR TOWN (if outside corp	orate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (limits, write RURAL	L end give na	arast fown)
write RURAL and give neerest	town)	1 hrm	X Rural	Maddox			
d. NAME OF HOSPITAL OR INSTI	TUTION (if not in he		d. STREET ADDRESS		-		a. IS RESIDENCE
	y's Hospi						YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yeer
(Type or print)	Co	ra.	Russell	DEATH	Feb.	22,	19 62
5. SEX 6. COLOR	OR RACE 7. MARRI	ED NEVER MARRIED	. DATE OF BIRTH				
Female White	WIDOWI	EDXX DIVORCED	Oct.4,1875		birthday) Month		
10a. USUAL OCCUPATION (Giva kin done during most of working life, eve House Wife	en if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	nty & State, or foraig Maryls			
13. FATHER'S NAME			1 14. MOTHER'S MAJDEN				
Diakana	Waadh	113000		Burrough			
Kichard 15. Was deceased ever in U.S. Ar	Wood b	SOCIAL SECURITY NO. 17.		Dati ough:	Addrass		
(Yes, no, or unkown) (Ifyasgivawaro						110	
			ter Goode	Maddox	, Maryla		
1B. CAUSE OF DEATH [Enter		lina for (a), (b), end (c).]	. /	. , ,	/ - 1		
PART I. DEATH WAS CAUS		C'neumo	rua, lys	punde 4	·		22,
14221	DUE TO	0 . 1	- 0				
Conditions, if any, which	(b)	interes el	en fice	chucre	, cara	acc.	10 700
gava risa to immediata cause		1.	1000 6 1 11 1	1.1.1			1.00
(a), steting the undarlying	DUE TO	ac	and general	L WCM		-017	
causa last.	(c)	NTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN IN I	PART 1(a): 19	WAS ALITOPSY
PARI II. OTHER SIGNIFICAN	CONDITIONS CO.	A . &	A A	NAL DISTAST COND	THOM GIVEN IN		PERFORMED?
5	Unal	ukes m	ellikus			YE	S NO
PART II. OTHER SIGNIFICAN 20a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING MEDICAL EX	F DEATH	SCRIBE HOW INJURY OCCURED	. (Entar nature of injury in	Pert I or Part II of ite	/m 1B.)		
20c. TIME OF INJURY Month	, Dey, Yeer 20d.	INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farm	m, ; 20f. (City or to	wn)	(County)	(State)
20c. TIME OF INJURY Month	Whil	aNot While fac	tory, street, office bldg., atc				
₹ p.m.	19 af wo	rk at work	()	()	1.0		
21. I certify that (I) (this	hospital) atter	der the deceased from.	70-	19.6.4 to	2626,	19.4.4-th	(I))(we) la
saw the deceased alive	122	19.6.2 and the	death occured at	M, from the	causes and c	on the dat	Mary s ive naarast fown) a. IS RESIDENCE ON A FARM? YES NO L Day Yeer 2, 19 62 AR IF UNDER 24 HRS. Hours Min. N OF WHAT COUNTRY U.S.A. INTERVAL BETWEEN ONSET AND POATH Z 19. WAS AUTOPSY PERFORMED? YES NO (State) date stated above 22b. DATE SIGNE
22a. SIGNATURE	1	her			TAFF		
22c. PHYSICIAN'S NAME (Typa)	1		22d. ADDRESS				
J. ROY	GUYTHER	M. D.	Mecha	nicsville	, Maryla	nri	
001	ATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	N (City, town or e	ounty)	(State)
Burial 2/2	26/62	Sacred Hea	rt	Bushwo	od,	1	Id.
24 FUNERAL DIRECTOR'S SIGNATUR	RE	ADDRESS	25a. REG	C'D BY REGISTRAR	25b. REGISTRA	R'S SIGNATU	JRE
W. Clarke Matting	les Lean-	mddann Mannill	nd DATEFE	R 2 7 '62	arthur	8. Thous	
Tanko Maccing.	rea neous	tratown, Maryla	na	D m : on	1 (2000000)	aur. / Wproduce	

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FOR STATE **HEALTH DEPT** TO DEPUTY ME. AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is present, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dire page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in arm event within 72 hours after death.

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VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,

02352 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where decessed lived, If	institution: Residence before edmissio
St. Marvis	MARYLAND	o. STATE	land b. cou	St. Marvis
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			e RURAL end give neerest town)
write RURAL and give nearest town) Lexington Park	Unknown	X Tavi	ngton Park	
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS	ingoon rark	. IS RESIDENC
Station Hospital,	TIGNIAG	307	Sewanee Place	YES NO
3. NAME OF First	Middle	Last	4. DATE Month	
(Type or print) MARY	PATRICIA	SIMMERER	DEATH Febru	uary 8 19 62
5. SEX 6. COLOR OR RACE 7. MA	RRIED K NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDO		4 March 1921	last birthdey) 37 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTR
Waitress	Restaurant	New 3		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Edward Clark		Mary Murph	ıv	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give wer or detes of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	St. Mary V	Country
No	Но	spital Recor		Maryland
18. CAUSE OF DEATH Enter only one cause p	per line for (e), (b), and (c).]	Phi car 100001	do Duetitit	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute Alcoho	liem		ONSET AND DEATH
277	NOGOC AZCON) I I O III		
geve rise to immediate cause				
(e), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMI	NAL DISEASE CONDITION GIV	/EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
<u>5</u>				YES NO .
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Par	t i or Part ii of item 18.)	
Hour a.m.	hileNot While fector	CE OF INJURY (Home, farm ry, street, office bldg., etc		(County) (State)
21. I certify that I took charge of the	work at work	d an Autonsy Fr	Inspection , Inquir	ry , and in my opinion
death resulted from: Natural causes	Accident . Suici		, Undetermined m	
Tysiarai causes	J. Accident		_	lanner
ACTUAL () () () ()		CHIEF MEDICAL		
SIGNATURE COUCUS S	1 etc	M.D.	ICAL EXAMINER	DATE SIGNED
examiner's Charles S.	Petty, M.D.	Address (Street,	city, town, or county)	2/8/62
22e. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		22d. LOCATION (City, lown	, or country) (Stete)
Burial 2/13/62	Arlington Nat		Arlington.	Virginia
23. FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 246. REG	ISTRAR'S SIGNATURE
W. Clarke Mattingley Le	onardtown, Maryl	and DATE	13'62	Intlan S. Firems

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Water Witter	1		alca M. Iron M	
x1				
27/8/2	C VENE CONTRACTOR			
21015221		Arlington lia	S0/2f/s Infant	
	25 (S) Land beat	Talk , meet brancool	A Digite Mettingley	

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please ex-	ute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should b		ioi
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	3	7	FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to 11, cremation
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	MAR	YLAND	STATE	DEPARTMEN	NT OF	HEALTH-	BALTIMORE,	18
0235	3 1	MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

Reg. Dist. No. 02338

								-		
1. PLACE OF DEATH a. COUNTY	St. Mary's		MARYL	O. STAT			ed lived. If Institu b. COUNT		ce before o	
b. CITY OR TOWN	IN outside corporate limits, writ	RURAL	c. LENGTH OF STAY II	N 1b c. CITY			porate limits, write	RURAL and	give nearest	lown)
Rural Co	olton Point		Life	X	Rural	Colt	ton Point			
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in hosp	pital, give street address	d. STRE	ET ADDRESS				0	RESIDENCE
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Month		Day	Year
(Type or print)	Geo	rge	Roland	Woodl	and	OF DEATH	February	,	12	1962
5. SEX		7. MARRIE	D NEVER MARRIED	8. DATE OF B	IRTH		9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS.
Male	Colored	WIDOWED	DIVORCED [Feb.	22, 191	5	46 yes.	Months D	ays Hour	Min.
	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR I		HPLACE (Stote			12. CITIZ	EN OF WHA	AT COUNTRY
during most or work	ing life, even if retired)				Mary	rland		U	S.A.	
13. FATHER'S NAME				14. MOTH	R'S MAIDEN N			,		
	George F	rancis	Young		Mary E	Clla W	oodland			
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.		17. INFORMANT			Address			
(Yes, no, or unknown) No			lone	Ella Woo	dland	Colt.	on Point,	Marv	land	
Conditions, if gove rise to imm (o), storing the couse lost. PART II. O1	ediole couse underlying DUE TO (c) THER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH	BUT NOT RELATED	scolios	NALDISEASI	Thorasic	EN IN PART		S AUTOPSY FORMED?
	ONTRIBUTING []									
20c. TIME OF INJU Hour o. m. p. m.		While		factory, street, o	RY (Home, form ffice bldg., etc.	20f. (City	or town)	(Coun	ty)	(State)
	that I taak charge d from: Natural			Suicide ,	Homicide	, UI	nspectian X,	-		d find tha
SIGNATURE	1/10	1	1091	M.D.	F MEDICAL EX	_				
EXAMINER'S NAME (Type)	William	D. Bo	yd M. D.		STANT MEDICAL E				2/1	2/62
	ON, 226. DATE THEREC		22c. NAME OF CEMETER	RY OR CREMATOR	1	22d. LOCAT	TION (City, tawn, a	r county)		lote)
Burial Specific	2/14/62	2	Sacred Hea	rt Cemet	ery	Bush	wood.	Man	yland	
23. FUNERAL DIRECTO W. Elarke			ADDRESS		24g, REC'I	1 4 '62		TRAR'S SIGN		

VS. A15ME(5) 5M 9/55

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